





Challenge TB-South Sudan

Year 1 Quarterly Monitoring Report April – June 2015

Submission date: July 30, 2015

Cover Photo: TB ward nurse in Yei Civil hospital and head of scouts being shown how to map TB index case for contact investigation and assigning them to community mobilizers. *Credit to: Simon Rufas*.

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1. Quarterly Overview

Country	South Sudan
Lead Partner	MSH
Other partners	
Workplan timeframe	October 2014 – September 2015
Reporting period	April – June 2015

Most significant achievements:

Provision of TB services according to national guidelines for Internally Displaced Persons (IDP): CTB continued to support partners implementing TB services in the internally displaced camps. In Mingkaman IDP camp, 16 (M: 11, F: 5) clinicians/nurses were trained on TB case management, 5 laboratory technicians were trained on sputum smear microscopy and 20 (M: 14, F: 6) community health workers were trained on basics of TB, identification and referral of presumptive TB cases, contact investigation and follow up of TB patients on treatment. The participants were drawn from 4 partners implementing primary health care in the Mingkaman IDP camp. During the quarter, 92 suspects have been sent for sputum smear microscopy, 22 (24%) were smear positive. In total, 31 patients were enrolled for treatment and included 22 new smear positive, 4 smear negative, 2 extrapulomonary and 3 relapses. In Juba Protection of Civilian (POC) site 36 patients were sent for sputum smear microscopy, out of which 8 (22%) were smear positive. The number of TB patients enrolled for treatment in the POC was 17 which include 6 bacteriologically confirmed, 7 smear negative and 4 extrapulmonary. This is the baseline and progress will be measured in subsequent quarters.

Access to quality treatment and care ensured: CTB supported the quarterly review meetings for TB community mobilizers in Yei and Morobo Counties. The meeting in Lainya did not take place due to unforeseen prolonged public holidays announced by the government. The meetings which were attended by 35 (F: 9, M: 26) participants reviewed community mobilizer's activities for the period January — March and April to June 2015. Reports were provided by community mobilizers, achievements and challenges shared, and action plan was drawn which will be monitored during supervisory visits. The participants were refreshed on basics of TB, how to identify symptoms of TB during TB screening in the community and refer presumptive TB for diagnosis in the nearest health facility. Tools were introduced and baseline collected for monitoring the community based TB services including contact investigations. During the reporting quarter, 93 health education sessions were conducted, 13,091 people sensitized on TB, and 318 suspects referred for sputum smear microscopy. Despite 101 TB cases notified in Yei and Morobo, it was difficult to determine the cases referred by the community mobilizers since the information was missing in the TBMU register. This gap was discussed, concerned staff mentored and referral forms provided to community mobilizers. Monitoring will be done during support visits to these locations by the CTB staff.

EQA network for lab diagnostics and services functioning: The External Quality Assessment (EQA) has expanded from 21 in December 2014 to 28 by April 2015. The results from these laboratories show 86% (24/28) concordance. Due to prevailing security situation, 4 TB laboratories were not accessible during the period under review because of the heavy rain. The facilities will be included during the next EQA visit when the area is accessible after the rains have subsided. Targeted follow up visits have been planned in the coming quarter to establish the reasons for poor performance of the laboratories and provide corrective measure that will be identified.

Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations Use of X-pert machine in diagnosing MTB/RIF has been established in Juba through support of South Korean Foundation (KOFIA). Two machines are available at the Central Reference Laboratory (CRL). With support of CTB, sputum samples from previously treated patients and patients living with HIV (PLHIV) are being referred for X-pert testing. The focus for the reporting period is ART sites and TB Management Units (TBMU) in Juba. Training on the use of the Xpert algorithm was conducted on June 12, 2015 for 24 (7 lab and 17 clinical staff - M: 9, 15 F) clinicians/nurses and laboratory staff from health facilities within Juba City. 44 samples have been transported to the Xpert site of which 17 (39%) were Mycobacteria TB (MTB) positive among whom 4 (24%) were Rifampicin resistant (RIF). The underutilization of GeneXpert machines will be addressed through outsourcing sputum transportation services to increase coverage of the health facilities in Juba. A major concern is that patients have not been put on treatment because there is no programmatic management of Drug Resistant TB (PMDT) available in South Sudan. GLC mission conducted in early July 2015 has recommended that the treatment of MDR-TB commence immediately after the drugs are made available. Through GF, NTP will procure drugs to treat 15 patients.

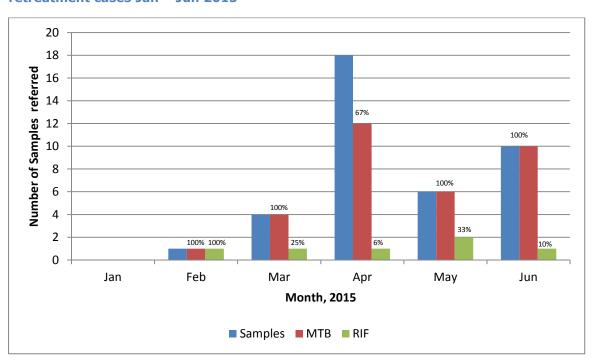


Figure 1: 2.4.6. Number of Rif-resistant cases diagnosed using GeneXpert among the retreatment cases Jan – Jun 2015

Finalize TB Strategy for the Emergency TB Response: In order to strengthen the policy environment for effective national TB response in complex emergency settings, technical assistance was provided through the support of USAID TB core funds to support the country develop a TB strategy in a complex emergency. Through support of CTB, a 3-days consultative meeting was held from 18th - 20th May 2015 with partners supporting or implementing TB services in the displaced and refugees populations. The first draft has not been shared with the NTP for review before the document is finalized, endorsed, printed and disseminated. The strategy is expected to provide guidelines on how partners supporting health services will implement TB services in emergency setting in South Sudan

Technical/administrative challenges and actions to overcome them:

 Accelerated implementation plan was developed after the approval of the year 1 workplan in May 2015. This included hiring of the new CTB technical staff. The hiring of the technical staff has been delayed due to difficulties in identifying qualified candidates for some positions especially for the positions of the Deputy Project Director, and Monitoring and Evaluation specialist.

- The on-going political crisis has resulted in an increase in the insecurity which has affected the relatively stable states of Central and Western Equatoria States. There is increase banditry on the roads which is restricting movement. This has affected implementation of activities as per the accelerated workplan.
- The local currency has depreciated against the dollar. The dollar is more than 3 times the local
 currency relative to the time the CTB year 1 budget was developed. This means the cost of
 commodities and supplies has increased and buying less for a dollar. In order to get value for
 money, a waiver will be sort to allow to pay for goods and services in dollars

2. Year 1 activity progress

Sub-objective 1. Enabling	environm	ent						
		Pla	anned Mileston	es	Milestone status	Milestone	Remarks (reason for	
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	not meeting milestone or other key information)	
Finalize TB Strategy for the Emergency TB Response	1.1.1.		April- June Consultation meeting conducted, Strategy finalized	July - Sept Strategy printed and disseminate launch meeting	A Technical Assistance (TA) was provided through the support of the WHO. Three days consultative meeting was held from 18 th - 20 th May 2015. The consultant will share the draft strategy for input by the technical team before printing and dissemination is done	Partially met	Submission of the 1 st draft to NTP by the consultant has delayed the process of finalization, printing and dissemination of the strategy.	
Develop community TB workers (Home Health Promoters-HHP) manual	pealth meeting held, print hanual disc		HHP manual printed and disseminated (July)	CTB has collected samples of the IEC and manuals used in neighboring countries to be discussed during the stakeholders meeting.	Not met	Stakeholder meeting has been delayed due to conflicting activities within NTP. Planned for August 2015.		
Update TB training manual	date TB training manual 1.1.3. Consultation meeting held, training manual finalized		Training manual printed (July)	The NTP through the Global Funds have identified a consultant to support in the review of the TB Guidelines which will inform the update of the TB training manual.	Not met	The review of the guideline will be conducted at the end of July 2015 and revision of Training manual and printing will follow in August 2015		
Train and mentor HHPs& implementing partners on basics of TB care for Internally Displaced Persons (IDP)	1.2.1.			30 HHPs trained and 3 mentoring visits done (Aug.& Sept 2015)	Trained Twenty (20) 66 % community health workers in Mingkaman IDP camp. The 20 included F: 6 and M: 14. The training equipped CHWs on the basic knowledge on TB and TB screening, contact tracing to increase TB case detection in the IDP camps.	Partially met	On- track – similar training planned in Juba POC site in August 2015 after the cholera has been controlled in the camp.	
Procure social mobilization supplies	1.2.2.	IEC materials, 15 bicycles, 15		IEC materials, 15 bicycles,	The procurement process is on-going and items will be delivered and distributed in	Partially met		

		megaphones		15	the coming quarter.		
		procured		megaphones			
				distributed			
Provide technical support	1.2.3.		3 site	36 Health	Assessment reports available for the POC	Partially met	Prevailing security has
to NGOs to implement TB			assessments	care workers	in Juba and Mingkaman IDP camp		made it difficult to
activities in IDP camps			conducted	trained	(supported through TB CARE I).		access the IDPs in
					Assessment in Bentiu conducted by IOM		conflict affected States.
					and there was no need to repeat the		
					same. 3/3 (100%)		
							On- track – similar
					Trained21/36 (58%) (M: 16; F: 5) clinical		training planned in Juba
					officers /nurses (16) and Lab technicians		POC site, in August 2015
					(5). The participants are from 4 health		after the cholera has
					partners implementing TB in Mingkaman		been controlled in the
					IDP camp.		camp. The list will be
							provided by
							International Medical
							Corps (IMC)



Photo 1: Group Photo for clinicians and Nurses after training in Mingkaman IDP camp.



Photo 2: Participant discussing TB infection control at Hospital Settings in Mingkaman IDP camp.

		Pl	anned Milesto	nes	Milestone status	Milestone	Domanka (waasan fan nat	
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar Apr-Jun 2015		Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)	
Conduct assessment of integrating TB services into functioning PHCCs	2.1.1.		80 PHCCs assessed, assessment report finalized	Costed workplan for integrating TB services finalized	Assessment conducted in Central Equatoria state in 16 health facilities (PHCC 7; PHCUs 9). Among the PHCC 4 are providing TB services and 3 have been targeted to integrate TB services. None of the 9 PHCUs are providing TB treatment.	Partially met	Accelerated plan developed after hiring of the CTB staff and approval of the workplan.	
Provide maintenance of laboratory equipment	procured, 16 procured, 3 labs labs		procured, 31	Procurement on-going. Through mentorship and support visits, 5 microscopes have been identified for repairs.	Partially met	Identification of the TB laboratories requiring the repairs is on-going.		
Supervise and mentor lab staff currently providing EQA activities	2.2.1.		Quarterly EQA results available of 25 labs	Quarterly EQA results available of 31 labs	EQA results are available for 28 TB laboratories for the period Jan-Mar 2015. 4 TB laboratories were not accessible during the period under review.	Met	The results are not available because the CRL is under renovation thus interrupting the assessment process.	
Conduct national TOT on EQA for selected MOH staff and Implementing partners (follow up will be done by NTP and CTB).	2.2.2.		Pool of 10 trainers trained		The list of the participants has been shared with the NTP for concurrence. Training planned for the next quarter	Not met		
Decentralize EQA activities in selected laboratories through TOT participants	2.2.3.			EQA established in 20 additional laboratories		Not met	This activity will follow activity 2.2.2.	
Develop national Xpert algorithm and SOPs	2.4.1.		Consultation meeting conducted	Algorithm and SOPs finalized, printed and distributed	Algorithm for Xpert have been prepared and adapted in the Central Reference laboratory. The use of the algorithm was revised during the visit by SNRL from 13- 18 July 2015. The	Partially met	Distribution in the coming quarter	

				visit was supported by WHO.		
Build capacity of lab personnel and clinicians in the use of Xpert algorithm and SOPs	2.4.2.	10 health care workers trained	3 site visits conducted	Training conducted on June 12, 2015 for 24 (7 lab and 17 clinical staff - M: 9, 15 F) clinicians/nurses and laboratory staff from health facilities within Juba City	Met	
Procure specimen transportation equipment for Xpert testing	2.6.1	300 containers and 12 boxes procured	300 containers and 12 boxes distributed	Procurement process initiated.	Partially met	Accelerated procurement process initiated following approval of the workplan
Involve bodaboda ¹ riders and United Nations Humanitarian Air Services (UNHAS) in sample transportation to nearest Xpert test sites	2.6.2.	Specimens transported as needed	Specimens transported as needed	On-going through UNHAS and within Juba City. 44 samples have been transported. Among the samples 17 MTB and 4 RIF. As a gap measure, the State TB coordinator vehicle is being used to transport the sample.	Partially met	



Photo 3: Smear preparation during training of lab staff in Mingkaman IDP camp



Photo 4: Staining of sputum smear



Photo 5: Reading of the slides

¹BodaBoda is a local term used to refer to the motor cycle riders who are doing business by transporting people and goods

		Planned Milestones			Milestone status	Milestone	Remarks (reason for not	
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	' Jul-Sep 20		April – June 2015	met? (Met, partially, not met)	meeting milestone or other key information)	
Supervise high volume HIV centers on data collection and use of Intensified Case Finding (ICF) tool	3.1.1		5 sites supervised	10 sites supervised	Established links with 2 ART sites in Juba County (CES) and 1 in Nimule (EES).	Partially met	The procurement of GeneXpert through GF is slow making it difficult to reach more facilities as planned.	
Expand TB services to primary health care units (PHCUs) with referral linkages to primary health care centers (PHCCs) offering TB services	3.2.1		12 sites oriented	24 sites oriented	Assessment conducted in Central Equatoria state in 9 PHCUs which will be targeted for provision of TB treatment with a linkage to the PHCCs and community mobilizers.	Partially met	The newly recruited CTB staff has embarked on these activities and the plan will be accelerated in Q4.	
Involve CBOs in ensuring treatment adherence at community level	3.2.2		2 Contracts signed	2 mentoring visits conducted, 10 Health care workers mentored	CBOs/CSOs have expressed interest and shortlisting is ongoing. RFA will be sent out to shortlisted CBOs.	Partially met	The process started in May after approval of the workplan and is now progressing well.	



Photo 6: Community mobilizers during the quarterly review meeting in Yei



Photo 7: Participants during demonstration



Photo 8: Participants in a group discussion during training of Community health workers in Mingkaman IDP camp

		Planned Milestones			Milestone status	Milestone	Remarks (reason for not	
Planned Key Activities for the Current Year	Activity #	Oct 2014- Mar 2015		Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	meeting milestone or other key information)	
Develop implementation plan for the NSP	7.1.1.		Meeting conducted, draft implementatio n plan available	Implementatio n plan endorsed	The final copy of the NSP has not been endorsed by the MOH and thus no further process can take place.	Not met	Following up with NTP to provide the dates and contact the consultant.	
Commemorate World TB Day	7.2.1.	Activities conducted on 24 March			Completed	Met		
TB CARE I closeout meeting	7.2.2	Closeout meeting conducted			Completed	Met		
Provide support for NTP staff to participate in International Tuberculosis Course	7.3.1.		Report with recommendati ons for the functioning of NTP	Priority recommendati ons implemented and reported		Not met		
Facilitate peer-to-peer learning program for state TB coordinators to improve performance by sharing best practices	7.3.2.		Report with identified best practices and workplan for NTP at state level	Workplan implementatio n started and reported	The exchange visits between the state TB coordinators (STC) that had been planned for the STC from Central and Western Equatoria states to visit Northern Bahar Ghazal State to learn good practice and exchange information.	Not met	The security situation in the country has hampered the process	
Participate in 2015 World TB Conference	7.3.3.	Topic identified and abstract submitted	Topics identified	Abstracts drafted	Abstract accepted for oral presentation at the UNION conference in Cape Town, South Africa. Registration and the flight bookings will be done in the coming quarter	Met	On track	

3. Challenge TB's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., Tuberculosis NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
TB NFM (SSD-T) - UNDP	n/a	n/a	\$ 15.5M	\$ 0 M	
TB/HIV TFM (SSD-708-G11-T) - UNDP	B1	B1	\$ 18.7M	\$ 18.7M	
TB Round 5 SSD-506-G06-T-UNDP	A2	A1	\$ 22.9M	\$ 22.9M	
SSD-202-G02-T-00-UNDP 7	n/a	n/a	\$ 14.0M	\$ 14.0M	
Total	A2		\$ 71.2 M	\$ 55.7M	

^{*} Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

- The Global Fund grant has been signed by the Principal Recipient (UNDP) and waiting for the disbursement of the funds. The Transitional Funding Mechanism (TFM) has now ceased, the funds are now under the New Funding Model. New Sub-recipients (SR) have been recruited in accordance to the DOTS expansion plan. Assessment of the new SRs has been done and pending approval by Global Fund and Local Funding Agent (LFA).
- The CCM has gone through major restructure in order to improve on the performance and eligibility. The size has been reduced from 19 to 9 members and various sub-committees formed such as an oversight committee.
- Challenges and bottlenecks include the current political environment which may hinder the DOTS expansion plan as in the New Funding Model. Implementation of activities in some states (Jonglie, Unit and Upper Nile) may be more affected due to on-going crisis which affects the accessibility.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Challenge TB is involved in the Technical Working Group where the workplan for the implementation of the Global Funds have been developed including the setting targets for the SRs. CTB has been involved in the selection process of the consultant who will support the country to revise TB guidelines for South Sudan. The support for this activity is through Global Fund. The Regional Green Light Committee mission was in-country from June 29 – July 10, 2015. The mission was to assess the country capacity to start management of MDR-TB in South Sudan. The Team met with partners including USAID Mission. The recommendation is that the country should immediately start the management of MDR-TB cases, conduct contact investigation for MDR-TB cases and roll out GeneXpert machines to at least one per state. Portfolio manager visited the country in June 2015 but CTB did not manage to meet with the manager.

4. Success Stories – Planning and Development

Planned success story title:	Success Story TB Community Moblizers Activities in Yei River County.					
Sub-objective of story: 3. Patient-centered care and treatment						
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers					
Brief description of story idea:	Improve quality of treatment and care for drug susceptible TB patients through the use of community based approaches.					

Status update: Story told by Ripenti Nimeri Yotma to Males Emmanuel, Senior Technical Officer TB (Draft – final version to be shared with Mission soon)



Photos 9:Nimeri Sited at his newly constructed tukul



Photo 10:Nimeri and his family all sleep in that same tukul



Photo 11: Photos of Nimeri's Home

Ripenti Nimeri Yotma is a 40 years old soldier and a father of three children. His elder son is 14 years, daughter 4 years and infant of one year and six months. He lives in Logobero Village, Yei Boma, Yei River County which is 4 kilometers off Yei – Maridi Road and 8 kilometers from Yei Civil Hospital. His sickness started in April 2013 in Juba which started with cough which later became productive with blood stained sputum. On 2nd May 2013 his wife took him to Muniki PHCC in Juba City, the nearest health centre to his residence, where he was examined and asked to produce 3 sputum specimens. Nimeri says "on 5th May 2013, the health worker told me that I had TB. This information shocked me but after being educated on TB, I was started on treatment." After 4 months of treatment, Nimeri had improved and cough had subsided. During the sixth month of treatment, war broke out in Juba (15th December 2015) and Nimeri and his family relocated to Yei where he went to start a new life. He cleared a bushy place and started laying bricks for building a house "Tukul".

Nimeri started feeling weak again and suddenly developed cough with blood and foul smelling sputum. In April 2015, Nimeri developed a skin problem; cough worsened and was weak to move. His wife, children and friends started staying away from him. "I became depressed and wished the disease could kill me", Nimeri says. On 26th June 2015 three young boys came to my home and introduced themselves to the wife as community mobilizers who were sensitizing the community and screening them for TB. They were moving from one house to the other providing health education to the community. My wife immediately asked me to come

out and be attended by community mobilizers. They asked me about my cough and previous treatment of TB and I explained to them. However, I could not produce the patient's card because it was destroyed including other vital documents during the crisis in Juba. "I was given a " waraga" (referral slip) and they requested me to go to the Hospital for sputum examination" Nimeri explains. "One of the community mobilizer saw that I was too weak to move, he ran to the hospital and came with container and told me to breath deep, cough and spit in container he provided, early in the morning before eating any food and bring it to the Hospital". On 27th June 2015 Nimeri was escorted by his wife to the Hospital where sputum examination was done and the results were negative. "I was sent for chest X-ray which was suggestive of TB and was started on TB treatment on 2nd July 2015 which included and injection". Nimeri explains, "after seven days on tablets and injections I started feeling better and was able to move and eat well, and the cough has reduced. I only cough at the dawn as compared to before". Nimeri continues "on the 8th July one of the mobilizer called Uwar came to visit me again and I was very happy with the work of the community mobilizers. I have started seeing life because of the community mobilizers. I don't know what to give to the mobilizers but I am praying that God open their ways to success. oh! I would have died" he exclaimed.

On TB prevention and control Nimeri says "The community mobilizers have advised me to stop smoking, drinking of alcohol and sleep in separate room from the children and wife until I finish my treatment. Since that day I stopped sharing tukul with my family because I fear my family will get the same disease. I am happy that they have been checked for TB and none has the disease. There are friends of mine who have cough and would be happy if they can be checked for TB". Nimeri has been assigned to one of the community mobilizers (scout) who will follow up with him to ensure that he takes the drugs regularly and goes to hospital for follow up.

5. MDR-TB cases detected and initiating second line treatment in country

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	3	0	Xpert testing was established in February 2015. From February
Total 2011	4	0	to June, 50 samples have been processed out of which 33 are
Total 2012	5	0	MTB positive. This includes 6 with Rifampicin Resistance
Total 2013	3	0	
Total 2014	1	0	
Jan-Mar 2015	2	0	
Apr-Jun 2015	4	0	
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015	6	0	

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presen- tation received	Summary report received	Final report received	Additional Remarks (Optional)
1	MSH	1.2.3	Berhane Assefa	Provide technical support to NGOs to implement TB activities in IDP camps	Q3	Pending						Reschedule for Q4
2	MSH	2.4.1	TBD	Develop national Xpert algorithm and SOPs; 1 consultant from the SNRL; Kampala; 3 days in country, 2 days travel	Q2	Pending			Choose an item.	Choose an item.	Choose an item.	SNRL to support the TA
3	MSH	3.2.2	Jessica Hemmer	Assessment of CBOs selected to implement community TB services to ensuring treatment adherence at community level	Q2	Pending			Choose an item.	Choose an item.	Choose an item.	Reschedule for Q4
4	MSH	7.1.1	Lucie Blok	Develop implementation plan for the NSP; if Lucie Blok is not available, consult Mission, NTP and PMU) on availability alternative consultant; 5 days incountry, 2 days travel.	Q3	Pending			Choose an item.	Choose an item.	Choose an item.	
5	MSH	7.3.1	TBD	Provide support for 2 NTP staff to participate in International Tuberculosis Course; 3	Q3	Pending			Choose an item.	Choose an item.	Choose an item.	

				adia aasimaa 2 dasia								
				weeks course, 2 days travel.								
6	MSH	12.1	Abel Nkolo	Technical and	Q2	Complete	19 – 31		Yes	Yes	Yes	
				administrative			January					
				monitoring visit for			2015					
				preparing WP-Y1								
				(Conducted in Jan 2015)								
7	MSH	12.1	BerhaneAs	Technical and	Q2	Pending			Choose	Choose	Choose	Planned 15 –
			sefa	administrative					an item.	an item.	an item.	25 July 2015
				monitoring visit in Jun								
				2015								
8	MSH	12.1	Rachel	Project oversight on	Q3	Pending			Choose	Choose	Choose	Planned 15 –
			Klemmer	financial management					an item.	an item.	an item.	25 July 2015t
				and operation								
9	MSH	004	Stephen	The annual country	Q3	Complete	1 - 5 June	6 days	Yes	No	No	
			Macharia	directors meeting for			2015					
				one Country director,								
				per KNCV guidance.								
10	MSH	004	TBD	The annual country	Q3	Cancelled			Choose	Choose	Choose	Position not
				directors meeting for					an item.	an item.	an item.	filled by time
				one M&E officer, per								of the
				KNCV guidance.								meeting
11	KNCV	12.1	Max Meis	Technical and	Q2	Complete	19 – 31		Yes	Yes	Yes	Combined
				administrative			January					report for
				monitoring visit for			2015					Abel Nkolo
				preparing WP-Y1								
				(Conducted in Jan 2015)								
Total number of visits conducted (cumulative for fiscal year)							5					
Total number of visits planned in approved workplan						11						
Perc	Percent of planned international consultant visits conducted						45%					